

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

 Docket Number (Optional)  
**741890-20**

 In re Application of  
**Martin CALDWELL et al.**

 Application Number  
**09/936,841**

 Filed  
**March 1, 2002**

 For  
**A SURGICAL ACCESS DEVICE**

 Art Unit  
**3731**

 Examiner  
**Michael Thaler**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- |   |                  |
|---|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))              | \$ _____         |
| <input type="checkbox"/> Two month (37 CFR 1.17(a)(2))              | \$ _____         |
| <input checked="" type="checkbox"/> Three month (37 CFR 1.17(a)(3)) | \$ <u>950.00</u> |
| <input type="checkbox"/> Four month (37 CFR 1.17(a)(4))             | \$ _____         |
| <input type="checkbox"/> Five month (37 CFR 1.17(a)(5))             | \$ _____         |

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☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$ 475.00.

☐ A check in the amount of the fee is enclosed. 04/02/2004 SSESHE1 00000081 192380 09936841

☐ Payment by credit card. Form PTO-2038 is attached. 01 FC:2253 475.00 DA

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380 (741890-20).

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

April 1, 2004

Date

(202) 585-8000

Telephone Number

Signature

Tim L. Brackett, Jr.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Signature

Date